

Name Change

From: Commodore  
Business Machines  
(SOG)

To:

PAD 04 923 1251  
COMMODORE COMPUTER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT/DATA ENTRY

Site I.D. # PA D0492312511  
Site Name Commodore Computers  
Address 1200 Wilson Dr  
West Chester PA 19380  
Municipality West Goshen  
Responsible Official N/A  
Person Interviewed N/A  
Inspector Andrew Sinclair

Telephone # N/A  
Operator Name \_\_\_\_\_  
Address \_\_\_\_\_  
County Chester  
Title \_\_\_\_\_  
Title \_\_\_\_\_  
Time \_\_\_\_\_

Date	Inspection Date	Inspection Type	Facility Type	Inspector Number	# Violation
<u>04/24/03</u>	<u>04/24/03</u>	<u>01</u>	<u>06</u>	<u>2134</u>	<u>11</u>

Comment FACILITY CLOSED F1 W0 H0K2 W0M1

Sample # Low 111111 Sample # High 111111

Monitoring Points Sampled

<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>
<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>	<u>1111</u>

INSPECTION TYPE

FACILITY TYPE

- |                    |                    |                             |                           |                   |
|--------------------|--------------------|-----------------------------|---------------------------|-------------------|
| 01 Routine         | 10 Survey          | <b>Municipal</b>            | <b>Residual</b>           | <b>Hazardous</b>  |
| 02 Spill response  | 11 Part B          | 01 Municipal Waste Landfill | 06 Landfill               | 01 Disposal       |
| 03 Remedial Action | 12 Complaint       | 02 Construction/Demolition  | 07 Demolition             | 02 Treatment      |
| 04 Follow Up       | 13 Withdrawn       | Landfill                    | 08 Processing             | 03 Storage        |
| 05 Crit Stage      | 14 Closure         | 03 Processing               | 09 Incinerator            | 04 Transporter    |
| 06 Sample Only     | 15 Post Closure    | 04 Incinerator              | 10 Surface Application    | 05 Permit by Rule |
| 07 Permitting      | 16 Form 4          | 05 Surface Application      | 11 Surface Impoundment    | 06 Generator      |
| 08 Superfund       | 17 Form 4 w/sample |                             | 12 Surface Injection Well | 07 SQG            |
| 09 Ground Water    | 50 Record Rev      |                             | 13 Generator              | 08 RRR            |
|                    | 99 Other           |                             | 14 SQG                    | 09 Other          |
|                    |                    |                             |                           | 50 Superfund      |



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## INSPECTION REPORT COMMENTS

Date of inspection 04 - 24 - 2003 Identification Number PAD049231251Company/Facility/Site Name Commodore Computer

On April 24, 2003, I, Andrew Sinclair, attempted to conduct a routine small quantity generator of hazardous waste inspection of Commodore Computer located at 1200 Wilson Drive West Chester, PA 19380 in West Goshen Township, Chester County. However, at this location, QVC operates with an address of Studio Park, MC121, West Chester, PA 19380. Mr. Scott Weichler, CSP, the Assistant EHS Programs Manager, was present.

The construction of the QVC complex was initiated approximately during late 1996. The property ownership changed between 1995 and 1996.

Commodore Computer no longer operates nor generates hazardous waste or operates at the location noted above.  
This facility has closed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) sent to file Date \_\_\_\_\_Inspector (signature) Andrew W. Sinclair Date \_\_\_\_\_



X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources.

Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources.

Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes.

Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes.

Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes.

Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☒ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
	JOSEPH A. BLOSSIC TECHNICAL SUPER.	1-29-90

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions; searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



# U.S. Environmental Protection Agency

## Resource Conservation and Recovery Act (RCRAInfo)

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[EPA Home](#) > [Envirofacts](#) > [RCRAInfo](#) > [Query Results](#)



## Query Results

[Report an Error](#)

Consolidated facility information (from multiple EPA systems) was searched to select facilities

Handler ID: Equal To: pad049231251

Results are based on data extracted on JUL-08-2003

**Note:** Click on the underlined CORPORATE LINK value for links to that company's environmental web pages.  
Click on the underlined MAPPING INFO value to obtain mapping information for the facility.

[Go To Bottom Of The Page](#)

HANDLER NAME:	COMMODORE COMPUTER	HANDLER ID:	PAD049231251
STREET:	1200 WILSON DRIVE	FACILITY INFORMATION:	<a href="#">View Facility Information</a>
CITY:	W CHESTER	CORPORATE LINK:	No
STATE:	PA	COUNTY:	CHESTER
ZIP CODE:	19380	MAPPING INFO:	<a href="#">MAP</a>
EPA REGION:	3		

### CONTACT INFORMATION

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE OF CONTACT
JOSEPH BLOSSIC	1200 WILSON DRIVE	WEST CHESTER	PA	19380	2154319279	Public

### HANDLER / FACILITY CLASSIFICATION

HANDLER TYPE
Small Generator

[Go To Top Of The Page](#)

Total Number of Facilities Displayed: 1

## Inspection Report — Hazardous Waste Small Quantity Generator

Site I.D. # HA1049123112511 Telephone # 215-431-9201  
 Site Name COMMODORE BUSINESS MACH. INC. Operator Name SAVE.  
 Address 1200 WILSON DRIVE Address \_\_\_\_\_  
WES CHESTER PA 19380  
 Municipality WES COASTAL TOWNSHIP County CHESTER  
 Responsible Official ROBERT L GREGG Title PLANT MANAGER  
 Person Interviewed ROBERT L GREGG Title PLANT MANAGER  
 Inspector WALTER FAYNE Time 10:30 AM. — 12:30 PM.

Due Date	Inspection Date	Inspection Type	Facility Type	Inspector I.D. #	# Violation
<u>03/04/93</u>	<u>03/04/93</u>	<u>01</u>	<u>016</u>	<u>211918</u>	<u>00</u>

Comment NO VIOLATIONS OBSERVED.

Are hazardous wastes transported off-site by this generator? ☐ Yes ☒ No If no, license numbers and expiration dates of transporter: \_\_\_\_\_

If hazardous wastes are not transported off-site, state management technique: \_\_\_\_\_

WASTES HANDLED BY SAFETY KUSAN.

1 = No Violation Observed      2 = Not Applicable      3 = Not Determined      4 = Non-Compliance

Chapter Citation 25 Pa Code §	Requirement	Status				Line Number
		1	2	3	4	
75.261(d)(1), (2)	Amount of wastes generated per month is within small quantity generator limits.	X				960
75.261(d)(4)	Amount of wastes accumulated per month is within small quantity generator limits.	X				961
75.261(d)(7)(i)	Hazardous waste determination (262(b)).	X				962
75.261(b)(3)	Repeat necessary evaluations or testing when there is a change in raw materials or operations.	X				963
75.262(b)(4)	Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request.	X				964
75.261(d)(7)(ii)	Storage within time limit specified (261(d)(4)).	X				965
Act 97 Section 403(5)	Manifest system used for off-site transport.	X				966

75.261(d)(7)(iii) Indicate below the method of handling of the waste:

- ☐ a. Treatment or disposal at permitted on-site facility. Permit Number \_\_\_\_\_ ☐ Treatment ☐ Disposal
- ☐ b. Delivered to a PA hazardous waste facility. Name of facility: \_\_\_\_\_
- ☐ c. Delivered to a PA municipal or residual facility with Module #1 approval. Name of facility: \_\_\_\_\_
- ☐ d. Delivered to an approved out-of-state facility. Name of facility: \_\_\_\_\_
- ☒ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: SAFETY KUSAN.

# Hazardous Waste Inspection Report Generators - Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			262
				Hazardous waste determination, copies available		.11
X				Identification number		.12(a)
X				Hazardous waste shipments offered only to licensed transporters		.12(d)
X				Authorization received from TSD facility for wastes shipped off-site		.13
X				PA manifest used for intrastate shipments		.20(b)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments		.20(c)
X				Manifests filled out properly and completely		.20(g)
X				Manifests routed properly and within time limits (7 days)		.23(e) or (f)
X				Proper U.S. DOT shipping containers or packages		.30(1)
		X		Shipping containers marked and labeled according to U.S. DOT		.30(2)
	X			Containers of 110 gal. or less marked with required PA label <i>CARRY-KIRBY REPORT.</i>		.30(3)
X				Placards offered to transporter		.33
	/			Wastes accumulated on-site for less than 90 days		LQB .34(1)
	/			Wastes stored in proper containers and properly marked and labeled		LQB .34(2)
	/			Containers managed in accordance with 265.171-.177		LQB .34(3)
	/			Containers clearly marked with accumulation date and visible for inspection		LQB .34(4)
X				Records retained at designated location for 20 years		.40
	/			Quarterly reports submitted to the Department		LQB .41
	/			Exception reporting procedures followed		LQB .42
	/			Hazardous waste disposal plan, if required		LQB .45
	/			Spill reporting procedures followed		LQB .46(a)
	/			Preparedness, Prevention and Contingency Plan and implemented		LQB .46(e)
	X			Special requirements followed for international shipments		50.53.55.60
	/			On the job or classroom personnel training program 265.16		LQB .34(a)(5)
	/			Drum accumulation area inspected weekly as per 265.174		LQB .34(a)(3)



## Inspection Report Comments

Date of Inspection

03/04/93

Identification Number

PHD 049231251

Company/Facility/Site Name

COMMODORE BUSINESS MACHINES, INC.

A ROUTINE INSPECTION WAS CONDUCTED WITH MR. ROBERT L. GREGG  
MANAGER OF FACILITIES. THE FACILITY HAS REMOVED ALL PROCESSES  
THAT PRODUCED U USED WASTE AS INDICATED IN THEIR  
ORIGINAL EPA NOTIFICATION FROM '84. THE CURRENT WASTE  
STREAMS ARE TWO PARTS WASHERS, SOME NON HAZARDOUS WASTE  
OIL (1 DRUM/MONTH), AND USED LEAD ACID BATTERIES. NO PRODUCT  
IS RUNNING AT THIS FACILITY. WE DISCUSSED THE HAZARDOUS  
WASTE REQUIREMENTS, PER RESIDUAL WASTE REQUIREMENTS —  
THEY WILL PICK UP WASTE OIL & CARDBOARD — AND UPGRADING  
SUMMERS.

— NO VIOLATIONS OBSERVED —

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature)

Robert L. Gregg

Date

3/4/93

Inspector (signature)

Walter Payne

Date

3/4/93

Page 3 of 3

SAC

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM  
MAINTENANCE FORM FOR NOTIFICATION

EPA-ID # PAD104923112511 Date: 4-7-90

FACILITY NAME Commodore Business Machines

New Facility Name Commodore Computer

Contact Person/Position  
Blossie Joseph Supv (215) 431-9279  
(Last, First, M) Title Tel No

MAILING ADDRESS Street \_\_\_\_\_

City Same State \_\_\_\_\_ Zip \_\_\_\_\_

LOCATION ADDRESS Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Name \_\_\_\_\_

County Code \_\_\_\_\_

Owner Name Commodore Computer

Operator Name \_\_\_\_\_

Activity Code

2 Gen \_\_\_ Tr \_\_\_ Ted \_\_\_  
\_\_\_ 5. Market or Burn HWF  
\_\_\_ A. Gen Mark to Burn  
\_\_\_ B. Other Marketer  
\_\_\_ C. Burner

Used Oil Fuel Activities

\_\_\_ 6. Off-Spec Used Oil Fuel  
\_\_\_ A. Gen Mark to Burn  
\_\_\_ B. Other Marketer  
\_\_\_ C. Burner  
\_\_\_ 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device

\_\_\_ Utility Boiler \_\_\_ Ind. Boiler \_\_\_ Ind. Furnace

Mode of Transportation (Transporters Only)

\_\_\_ Air \_\_\_ Rail \_\_\_ Highway \_\_\_ Water \_\_\_ Other

Maintenance Screens

W1 Card

Existing  
Waste  
Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New  
Waste  
Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F2 Card

Non-Reg Ind. \_\_\_\_ (c303)

F003  
0001  
0000

June 28, 1984

U.S. Environmental Protection Agency  
Region III  
Sixth and Walnut Streets  
Philadelphia, PA 19106

Attn: Jean Jamison (3HW11)

Re: NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Dear Ms. Jamison:

In response to the letter from your office received June 19, 1984, attached is the completed NOTIFICATION OF HAZARDOUS WASTE ACTIVITY form which is being submitted to both the Environmental Protection Agency and the Pennsylvania Department of Environmental Resources.

Commodore Business Machines, Inc. is requesting that an E.P.A. Identification number be assigned to our facility as a small quantity generator. The nature and amounts of hazardous waste material generated through the manufacture and research/development of liquid crystal displays at our facility are as follows:

CHEMICAL NAME	AMOUNT GENERATED/MONTH
1. 1-1-1 Trichloroethane	56 gallons
2. Acetone	67 gallons
3. Photo-Resist 1350J & 1375	16 gallons
4. Methanol	unknown
5. Methyl Ethyl Ketone	unknown

The first three (3) above-mentioned items are at present being stored in 55 gallon drums. A total of four (4) drums are being stored on-site. Commodore Business Machines, Inc. is currently reviewing proposals from several waste disposal companies to transport and dispose of these wastes.

PAGE 2

The remaining two items (#4, #5 page 1) will be generated from our LCD research and development area which is not yet in operation. Exact amounts of generation of these wastes has not yet been determined.

Should you require any additional information, please contact me at (215) 431-9240.

Sincerely,

*Christine J. Methven*

Christine J. Methven  
Security/Safety Department

ATT: 1

CC: Gayle Leader, PA D.E.R.  
K. Kochenour, Manager Security/Safety  
R.L. Janick, Director Security/Safety  
J. Wendelgass, Assistant Secretary

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

<b>I. INSTALLATION'S EPA I.D. NUMBER</b>									
PAD049231251									
<b>II. NAME OF INSTALLATION</b>									
COMMODORE BUSINESS MACHINES, INC.									
<b>III. INSTALLATION MAILING ADDRESS</b>									
STREET OR P. O. BOX									
1200 Wilson Drive									
CITY OR TOWN								ST.	ZIP CODE
West Chester, PA								PA	19380
<b>IV. LOCATION OF INSTALLATION</b>									
STREET OR ROUTE NUMBER								MUNICIPALITY	
1200 Wilson Drive								West Goshen Twp.	
CITY OR TOWN						ST.	ZIP CODE	COUNTY	
West Chester						PA	19380	Chester 029	
<b>V. INSTALLATION CONTACT</b>									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)	
Kenneth K. Kochenour, Manager, Security/Safety								21543192	
<b>VI. OWNERSHIP</b>									
<b>A. NAME OF INSTALLATION'S LEGAL OWNER</b>									
CC&F Chester Property Co., Inc.									
<b>B. TYPE OF OWNERSHIP</b>									
(enter the appropriate letter into box)									
F = FEDERAL    M = NON-FEDERAL <span style="border: 1px solid black; padding: 2px 10px;">M</span>									
<b>VII. SIC CODES (4-digit in order of priority)</b>									
<b>A. FIRST</b>					<b>C. THIRD</b>				
3573 (specify) Computer: Final Assembly					3679 (specify) Liquid Crystal Display Research and Development				
<b>B. SECOND</b>					<b>D. FOURTH</b>				
3679 (specify) Liquid Crystal Display Manufacture									
<b>VIII. TYPE OF HAZARDOUS WASTE ACTIVITY</b>									
<input type="checkbox"/> A. GENERATION		<input type="checkbox"/> C. STORE		<input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX)		<input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM			
<input type="checkbox"/> B. TREAT		<input type="checkbox"/> D. DISPOSE		<input type="checkbox"/> F. PERMIT BY RULE		<input checked="" type="checkbox"/> H. OTHER (specify): Small Quar Generator			
<b>IX. MODE OF TRANSPORTATION (transporters only)</b>									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):									
<b>X. EXISTING ENVIRONMENTAL PROGRAM PERMITS</b>									
<b>A. NPDES (Discharges to Surface Water)</b>					<b>D. PSD (Air Emissions from Proposed Sources)</b>				
<b>B. UIC (Underground Injection of Fluids)</b>					<b>E. SOLID WASTE</b>				
<b>C. RCRA (Hazardous Wastes)</b>					<b>F. OTHER</b> (specify)				
<b>XI. TYPE OF NOTIFICATION</b>									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION			<input type="checkbox"/> C. DELETION OF A WASTE			<input type="checkbox"/> E. DELETION OF AN ACTIVITY			
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION			<input type="checkbox"/> D. ADDITION OF A WASTE			<input type="checkbox"/> F. ADDITION OF AN ACTIVITY			

CONTINUE ON REVERSE

# XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 075.201(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 FOO1	2 FOO2	3 FOO3	4 FOO5	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 075.201(h)(2) for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL, PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 075.201(h)(2) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002	32 U154	33 U154	34 U226	35 U239	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 075.201(g)(2) through (5))

☒ 1. IGNITABLE

☒ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EXPLOSIVE

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

James R. Wendelcass

NAME and OFFICIAL TITLE (Type or Print)

JAMES R. WENDELCASS  
ASSISTANT SECRETARY

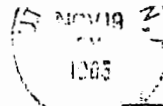
DATE SIGNED

6/29/84

FOR OFFICIAL USE ONLY



Official Business  
Penalty for Private Use  
\$300



FIRST-CLASS MAIL  
POSTAGE & FEES PAID  
EPA  
PERMIT NO. G-35

United States  
Environmental Protection  
Agency

Washington DC 20460

JOHN A ARMSTEAD  
VA/WV SECTION (3HW31)  
US EPA REGIONIII  
841 CHESTNUT ST.  
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

Hazardous Waste Quantity Notification

Business Name Commodore Business Machines, Inc.

Business Address 1200 Wilson Drive

West Chester, PA 19380

EPA ID Number \_\_\_\_\_

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☒

1000 kg/month or more ☐

EPA # PAD 04 923 1251  
Small Quantity Generator

COMMODORE BUSINESS MACHINES

NOV 18 1985

Christine J. Methven

Signature and Title

C. METHVEN  
SAFETY COORDINATOR





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 04 923 1251

INSTALLATION ADDRESS

Commodore Business Machines Inc.  
1200 Wilson Dr  
West Chester, PA 19380  
Attn: Kenneth K. Kochenour, Mgr

1200 Wilson Drive  
West Chester, PA 19380

8/8/84